

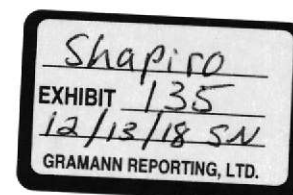
ANDERSON SHAPIRO
EYE CARE

C. Joseph Anderson, M.D. | Michael B. Shapiro, M.D., M.S., A.C.P.E. | Nicole Anderson Weiss, M.D. | Jay A. Met, M.D. | Lance Engdahl, O.D.

November 8, 2018

Attorney Warren Buliox
MWH Law Group, LLP
735 North Water Street, Suite 610
Milwaukee, WI 53202

RE: Reina, Paul



Dear Attorney Buliox,

Thank you for asking me to perform an independent medical evaluation on claimant, Paul Reina. Prior to seeing Mr. Reina, no medical records had been sent to me to review. Mr. Reina was seen in my office in Madison, Wisconsin on November 7th, 2018 at 11:30. He was accompanied by his mother and yourself. I had instructed one of my chief technicians to work with Paul's mother, before examining Paul, to get a better understanding on how best to communicate with him during the exam. As you know, there is virtually no significant verbal communication with Paul, and so we used his mother's suggestions on how best to have him cooperate.

Indeed, we found that we were able to get a meaningful eye examination in this manner. I did get a history from Paul's mother. She stated that Paul was in an institution from two years old to six years old. He did have glasses that he wore until he was 15 years old, but has not worn glasses since then. He is allergic to penicillin and certain barbiturates, and takes pyridoxine and vitamin supplements. He does suffer from anxiety and takes lorazepam 2-3 times a week to control the anxiety. Paul does not watch television, nor does he use a computer or play video games. He does not read or look at pictures. He enjoys swimming several times a week. He has a newspaper route, where he folds and delivers newspapers; however, this is done in conjunction with a job coach.

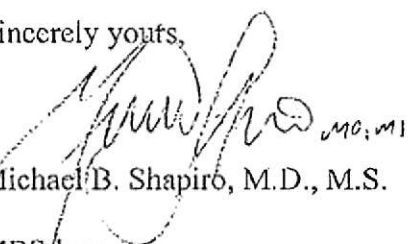
Examination revealed a somewhat anxious but basically cooperative gentleman. Visual acuity without correction was 20/200 in the right eye and 20/300 in the left eye. We were able to perform a computerized auto-refraction; however, even using the lenses that were determined by this testing, Paul's visual acuity was not able to be improved. Paul showed a 15 prism diopter left esotropia in all gazes along with a 4 prism diopter left hypertropia. His pupils were equal, round, and reactive to light. Slit lamp examination revealed early cataract formation, but otherwise a clear cornea and anterior segment. Intraocular pressure with a tonopen was 12 mm in both eyes. A dilated fundoscopic exam revealed a normal retina and optic nerve.

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In summary, Paul Reina satisfies the criteria of legal blindness, that is, visual acuity of 20/200 or worse best-corrected in the better eye. This is in accord with the definition of statutory blindness as legislated in the Social Security Act. The inability to see the "Big E" from 20 feet away greatly restricts a person's ability to do many activities including driving, navigating in unfamiliar surroundings or crowded environments, etc. There is no spectacle lens, contact lens, or surgical procedure that would be able to improve his visual acuity. Obviously, the addition of his inability to communicate verbally further hampers Paul's overall ability. It is my opinion, given to a reasonable degree of medical probability, that due to Paul's legal blindness, as well as his other sensory defects, he needs careful monitoring in any environment that could pose a potential risk to him or others, e.g. around cars, moving objects, equipment, etc. If you have any questions regarding my examination of Paul Reina, please don't hesitate to contact me.

Sincerely yours,


Michael B. Shapiro, M.D., M.S.

MBS/kw

DT: 11/08/18